



3713

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/029,225-Conf. #3449
	Filing Date	December 20, 2001
	First Named Inventor	Monica A. McClintic
	Art Unit	3713
	Examiner Name	K. T. Nguyen
Total Number of Pages in This Submission	Attorney Docket Number	29757/AG65

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MARSHALL GERSTEIN & BORUN LLP		
Signature			
Printed name	Paul C. Craane		
Date	December 1, 2004	Reg. No.	38,851

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 1, 2004

Signature: (Paul C. Craane)

O I P E JC10
DEC 06 2004
PATENT & TRADEMARK OFFICE

<h1 style="margin:0;">FEE TRANSMITTAL</h1> <h2 style="margin:0;">for FY 2005</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2004. Patent fees are subject to annual revision.</p>		Complete if Known	
		Application Number	10/029,225-Conf. #3449
		Filing Date	December 20, 2001
		First Named Inventor	Monica A. McClintic
		Examiner Name	K. T. Nguyen
		Art Unit	3713
		Attorney Docket No.	29757/AG65
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	610.00	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																												
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number: 13-2855 Deposit Account Name: MARSHALL, GERSTEIN & BORUN LLP The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments To the above-identified deposit account. <input type="checkbox"/> Other (please identify): _____	<h3>2. EXTRA CLAIM FEES</h3> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr><td>Each claim over 20</td><td style="text-align: right;">18</td><td style="text-align: right;">9</td></tr> <tr><td>Each independent claim over 3</td><td style="text-align: right;">88</td><td style="text-align: right;">44</td></tr> <tr><td>Multiple dependent claims</td><td style="text-align: right;">300</td><td style="text-align: right;">150</td></tr> <tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td style="text-align: right;">18</td><td style="text-align: right;">9</td></tr> <tr><td>For Reissues, each independent claim more than in the original patent</td><td style="text-align: right;">88</td><td style="text-align: right;">44</td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> </tr> <tr> <td colspan="3" style="text-align: center;">- 20 or HP = _____ x _____ = _____</td> </tr> <tr> <td colspan="3" style="text-align: center;">HP= highest number of total claims paid for, if greater than 20</td> </tr> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> </tr> <tr> <td colspan="3" style="text-align: center;">- 3 or HP = _____ x _____ = _____</td> </tr> <tr> <td colspan="3" style="text-align: center;">HP= highest number of independent claims paid for, if greater than 3</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td colspan="2" style="text-align: right;">Subtotal (2) \$</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table> <h3>3. OTHER FEES</h3> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Entity Fee (\$)</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>1-month extension of time</td><td style="text-align: right;">110</td><td style="text-align: right;">55</td><td></td></tr> <tr><td>2-month extension of time</td><td style="text-align: right;">430</td><td style="text-align: right;">215</td><td style="text-align: right;">430.00</td></tr> <tr><td>3-month extension of time</td><td style="text-align: right;">980</td><td style="text-align: right;">490</td><td></td></tr> <tr><td>4-month extension of time</td><td style="text-align: right;">1,530</td><td style="text-align: right;">765</td><td></td></tr> <tr><td>5-month extension of time</td><td style="text-align: right;">2,080</td><td style="text-align: right;">1,040</td><td></td></tr> <tr><td>Information disclosure stmt. Fee</td><td style="text-align: right;">180</td><td style="text-align: right;">180</td><td style="text-align: right;">180.00</td></tr> <tr><td>37 CFR 1.17(q) processing fee</td><td style="text-align: right;">50</td><td style="text-align: right;">50</td><td></td></tr> <tr><td>Non-English specification</td><td style="text-align: right;">130</td><td style="text-align: right;">130</td><td></td></tr> <tr><td>Notice of Appeal</td><td style="text-align: right;">340</td><td style="text-align: right;">170</td><td></td></tr> <tr><td>Filing a brief in support of appeal</td><td style="text-align: right;">340</td><td style="text-align: right;">170</td><td></td></tr> <tr><td>Request for oral hearing</td><td style="text-align: right;">300</td><td style="text-align: right;">150</td><td></td></tr> <tr><td>Other:</td><td></td><td></td><td></td></tr> <tr><td colspan="4"> </td></tr> <tr> <td colspan="2" style="text-align: right;">Subtotal (3) \$</td> <td colspan="2" style="text-align: right;">610.00</td> </tr> </tbody> </table>	Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	 			Total Claims	Extra Claims	Fee (\$)	- 20 or HP = _____ x _____ = _____			HP= highest number of total claims paid for, if greater than 20			Indep. Claims	Extra Claims	Fee (\$)	- 3 or HP = _____ x _____ = _____			HP= highest number of independent claims paid for, if greater than 3			Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	 			Subtotal (2) \$		0.00	Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid	1-month extension of time	110	55		2-month extension of time	430	215	430.00	3-month extension of time	980	490		4-month extension of time	1,530	765		5-month extension of time	2,080	1,040		Information disclosure stmt. Fee	180	180	180.00	37 CFR 1.17(q) processing fee	50	50		Non-English specification	130	130		Notice of Appeal	340	170		Filing a brief in support of appeal	340	170		Request for oral hearing	300	150		Other:				 				Subtotal (3) \$		610.00	
Fee Description	Fee (\$)	Small Entity Fee (\$)																																																																																																											
Each claim over 20	18	9																																																																																																											
Each independent claim over 3	88	44																																																																																																											
Multiple dependent claims	300	150																																																																																																											
For Reissues, each claim over 20 and more than in the original patent	18	9																																																																																																											
For Reissues, each independent claim more than in the original patent	88	44																																																																																																											
Total Claims	Extra Claims	Fee (\$)																																																																																																											
- 20 or HP = _____ x _____ = _____																																																																																																													
HP= highest number of total claims paid for, if greater than 20																																																																																																													
Indep. Claims	Extra Claims	Fee (\$)																																																																																																											
- 3 or HP = _____ x _____ = _____																																																																																																													
HP= highest number of independent claims paid for, if greater than 3																																																																																																													
Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																																																																																																											
Subtotal (2) \$		0.00																																																																																																											
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid																																																																																																										
1-month extension of time	110	55																																																																																																											
2-month extension of time	430	215	430.00																																																																																																										
3-month extension of time	980	490																																																																																																											
4-month extension of time	1,530	765																																																																																																											
5-month extension of time	2,080	1,040																																																																																																											
Information disclosure stmt. Fee	180	180	180.00																																																																																																										
37 CFR 1.17(q) processing fee	50	50																																																																																																											
Non-English specification	130	130																																																																																																											
Notice of Appeal	340	170																																																																																																											
Filing a brief in support of appeal	340	170																																																																																																											
Request for oral hearing	300	150																																																																																																											
Other:																																																																																																													
Subtotal (3) \$		610.00																																																																																																											

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	38,851
Name (Print/Type)	Paul C. Craane	Telephone	(312) 474-6300
		Date	December 1, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: December 1, 2004	Signature: (Paul C. Craane)